

Commonwealth of Massachusetts
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone (781) 876-8230
www.mass.gov/massmedboard

LOST, STOLEN, OR MISPLACED WALLET CARD

Please explain the loss of your wallet card: _____

I have made every reasonable attempt to locate my wallet card to no avail. I declare under the pains and penalties of perjury that my statements are true and correct.

_____/_____/_____
Signature Date

PRINT NAME: _____ LICENSE #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

For Office use only

Date Received: ____/____/____

Date Completed: ____/____/____

Completed by: _____